Dysentery

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An Essay
on
Dysentery
by
Wm Smith
of
N. Jersey

An Essay on Dysentery.

Among the catalogue of diseases incident to mankind, there is perhaps none that require a more strict investigation than dysentery. It is a disease of great importance, and one with which the young practitioner cannot be too well acquainted, as there is no one complaint more distressing to the patient or more frequently baffles the exertions of the physician.—

Dysentery may be defined an irritation or disturbance of the functions of the alimentary canal in which the mucous membrane of the intestines is inflam-ed attended with febrile symptoms, frequent stools, severe griping pains, followed by a tenesmus. The stools although frequent being small in quantity consisting principally of mucus streaked with blood, the natural faces being commonly retained, or

when they do appear, they are generally voided in a compact and hardened state known by the name of scybola.—

The disease has received different names by writers on this complaint, according to the parts affected and the violence of the attack, as hepatic dysentery, when the liver is the seat of the disease, putrid, malignant, &c. according to circumstances.—

There appears to be no propriety in these distinctions, as they are only different appearances of the same disease, induced by climate, season, and constitution.—

Dr Lind says there is a necessary distinction to be made between dysenteries of all climates, when it attacks persons in perfect health he has called it original, and when it attacks those much weakened by fever, or otherwise reduced to a debilitated state, symptomatic.—

Dysentery is of more general prevalence in warm

climates than cold ones, particularly the East and West Indies. It frequently breaks out among the crews of ships of war and other vessels cruising or trading in these parts, and sometimes rages with such violence as scarcely to leave men enough to manage the vessel.— It is by no means an uncommon disease to armies, particularly when after or during warm weather, they are long exposed to heavy rains, or lie incamped in the neighbourhood of low swampy grounds. Military history affords numerous examples where dysentery has overcome and frustrated the best concerted plans, and spread dismay and distruction throughout the camp.— It is a subject, says Dr Moseley in his treatise on tropical climates, in which the welfare of mankind is deeply interested, and often the honour of a nation, we need but turn our eyes on the political field; there we behold the best concerted measures defeated by its influence. The page of military

history weeps less for the slain in battle than for those who have fallen victims to this calamity."—

Dysentery is not only a disease of the warmer climate, but of general prevalence in the United States, and often of a nature so fatal that it demands our most serious attention.- It attacks indiscriminately the tender infant, and the aged adult, the delicate citizen, and exposed countryman, the intrepid mariner, and the hardy veteran.—It proves more severe to children and old people than it does to the middle aged, and is more prevalent in the country than in cities, often raging in the suberbs, while the central parts of the city remains entirely exempt from it.-

The disease occurs more frequently in summer and autum, often accompained with our autumnal intermittent, and remittent fevers, and it is sometimes complicated or combined with them.- It is not uncommon says Bleghorn, for a tertian fever, to be changed into a dysentery or a dysentery fever to ~~prete on the~~

tertian form, and for the fits of tertian fever regularly recurring by days and stages.—

[illegible] with [illegible] and [illegible] fits on this [illegible] [illegible] fatal.—

In the West Indies, dysentery [illegible] makes its appearance a little before the equinox, frequently beginning in August, which is the commencement of the rainy season in these parts, and raging epidemically until November, and sometimes for a much longer period. It is also said to prevail in the unhealthy districts of the East Indies, and in the Driest factories on the coast of Africa, both during the wet season and for some time after it. This is attributed to the heat of the summer rendering the bowels irritable and opening the pores of the skin; now when the rain commences it causes a sudden change of cold or moisture, thus suddenly suppressing the perspiration and throwing the blood from the extremities on the interior vessels, and in this way producing the dysentery.—

Dr. Cullen says Rush says dysentery is the offspring of contagion or miasmata; but in a weak state of the bowels it is frequently brought on by accidental exciting causes, like bilious fever which proceeds from the same miasma, and that it prevails most in low situations owing to the coldness of the air checking the perspiration and throwing the fluids upon the bowels, and that he frequently observed dysentery to prevail on elevated places and bilious fever in low situations adjacent to them, and that its frequent occurrence in fruit seasons, is owing to the debility occasioned by the use of large quantities of fruit, indisposing the bowels to morbid action. — I am frequently informed by sea-faring, dysenteries caused by eating immoderately of such fruit as pine-apples and oranges among people newly arrived in the West Indies; and in Paris from drinking the water of the Seine, and from the change of water in other countries, which causes epidemical diseases is no more to be

considered from far inferior cases, can in natural life man is now estimated by the age to more than fall or casualty or perish by untimely death."—

The celebrated Tuson concludes, that the dysentery does often manifestly arise from the influence of cold, but still the disease is always of a contagious nature; and that it becomes epidemic in camps and other places by the propagation of such contagion, independent of cold, or other exciting causes, and therefore he is doubtful whether the disease does ever arise from from the obstruction of cold only, when the specific contagion has been previously received in the body; and in fact he considers the remote cause to always depend on a specific contagion.—

The doctrine of the celebrated Darwin is that dysentery is contagious, but that this contagion manifestly arises from the mucus or bloody stools, produced from the membrane which line the intestines and not from the bile, respiration or breath of the patient, he says

that the fever is only the effect, and not the cause of contagion, and that it is necessary we should pay the strictest attention to cleanliness and the removal of the faeces voided, as soon as possible for the prevention of the contagion.—

Cleghorn when speaking of this disease says, "To me it it appears probable that all the summer and autumnal diseases are the consequence of nature's attempting to free the body from noxious humours, either by throwing them upon the skin, or by conveying them through the liver and other organs of secretion, which open into the intestines.—

The illustrious Sydenham considers dysentery to be a fever of the season, or of its own kind, thrown upon the intestines, and Pellosey says that from his personal experience in the West Indies, and from accounts received from that part of the globe, he has no hesitation in confirming the truth of Sydenham's remark. Nor can it be doubted, says this experienced writer, that this fever

of the intestines like many others, is caused by obstructed perspiration, not confined to cold hot, dry, or wet seasons; particular food, water liquor or fruit, but chiefly depending on some secret influence in the atmosphere, or on sudden transitions of the air, and such other causes as expose people to have perspiration hastily stopped.
Though I believe continues he, that epidemical dysenteries have but one universal and common cause, and may be removed by one universal and common remedy; yet I do contend that particular disease, may be created by a particular cause, and cured by a particular medicine. Accidental stimuli in the bowels have often caused this disease, and a little rhubarb and laudanum have often cured it.—
That the typhus form of dysentery is sometimes contagious, I believe is generally admitted, this depends on the contagion of that form of fever, and not on the virus specific to the dysentery.— From what I have been able to collect from late writers, and from what I have

seen myself, I am convinced that dysentery itself is not contagious, or in any way dependent on contagion. But that it often rages as an epidemic proceeding from a common cause or origin, and spreading rapidly from thence in succession or at once through whole families, or entire neighbourhoods, is a fact well known to every practitioner who has had any experience in this disease.—

Causes. There are a great variety of causes, enumerated by different writers, which give rise to this disease, the most prominent of which, I shall mention.— Cold and moisture succeeded by intense heat or great drought; checked perspiration; eating bread made of sour or putrid grain; or wholesome food of every kind; irregularities in diet; noxious exhalations, and vapours; marsh effluvia; drinking large quantities of cold water when in a state of perspiration. It is said to be sometimes brought on by indigestion; umbulation

of a limb; ulcers in the bowels &c. Dysentery, when it arises from marsh effluvia generally has its primary seat in the stomach, extending from thence to the bowels, most commonly the large intestines, though sometimes the small ones are also affected; the bowels when once attacked is its permanent seat; from whence it effects spreads through or contaminates the whole system. —

Symptoms — An attack of dysentery usually comes on with some degree of coldness, succeeded by slight fever, with quickness of pulse; nausea, and sometimes vomiting; pain in the bowels; loss of appetite; frequent stools; severe griping pain, attended with great inclination to strain over it. As the disease advances, the stools become more frequent, and bloody, attended with tormina, tenesmus, and sometimes flatulency. — To these symptoms, succeed a fixed pain in the hypogastrium more or less severe, the pain frequently is extended to one, or both of the iliac regions, and sometimes through-

-out, the whole course of the colon, with a sense of fulness, tension, and a tenderness upon pressure. The stools vary both in composition and colour, sometimes the discharges are mucus, streaked with blood, at others, they are mucus, without any blood being mixed with them, in the latter case the disease, is, called dysenteria alba. frequently there are fibrous, or membranous substances, intermixed with the discharges, but for the most part, there is mucus, or coagulable lymph thrown off from the intestines. While the stools, continue to be thus frequently voided, and of these various consistences, we seldom can discover any natural faeces, mixed with them, and when we do they commonly appear in the form of hard seperate balls, known by the name of scybala.—In consequence of the inflammatory condition of the lower intestines inducing an obstinate spasmodic contraction of the colon, and impeding its peristaltic motion, the faecal cont. is an frequently for a long time retained,

When these are raised the patient is seen to experience some relief, now especially of the tormina & tenesmus. It is not uncommon, from the violent efforts which are made to discharge the fæces, for the rectum to be protruded, forming procidentia ani, which often proves very troublesome, and distressing to the patient, the tormina and tenesmus being now generally increased.— Connected with these symptoms is fever; scorching heat or great perspiration; much thirst; the tongue is now generally white and furred, sometimes exhibiting a smooth, or glossy appearence; the pulse hard and active, sometimes attended with a peculiar thrilling sensation under the finger, this flutter-state is considered a dangerous symptom. The disease is now considered at its crisis, and if it is not arrested at this time, the symptoms are generally aggravated. There are coldness of the extremities; tension of the abdomen; cold clammy sweat; hiccup; involuntary discharges, accompanied, with great faetor, which

at first resembles boiled putrid meat, but is soon changed to a dark grumous, and bloody appearence. The patient is now very much depressed, and feels disposed to dwell upon symptoms, as of great consequence, which to a spectator would appear of minor importance. he evinces the greatest desire for his medical attendant, and is loath to part with him though fully persuaded that all the efforts of his skill, and medicine, are likely to prove unavailing. Thus things come to this pass; the disease frequently terminates fatally, in the course of a few days. The space of time occupied in passing through the different stages is very various, according to the violence of the attack; though generally from one to three or four weeks. —

Diagnosis. The only disease to which dysentery is intimately allied, is diarrhoea, and it may be readily distinguished from this, by the absence of fever in the latter disease, by the evacuations being more copious, and of a more natural appearance, and by the

cramp and tenesmus being more moderate and less frequent this however is of little consequence as they are very unequal both in the symptoms and cure.—

Prognosis. To form a correct prognosis of disease is frequently very difficult, and embarrassing. The favourable symptoms are sometimes suddenly changed to those of a very dangerous character, when they are least suspected. A favourable termination may be anticipated, when the symptoms recede more in unison. The stools are frequent, and of a more natural colour and consistence, when there is a diminution of thirst and fever when the skin is soft and of a natural temperature attended with a mild and equal diaphoresis, when the tongue becomes clean, and the pulse slower and more natural, and when there is a gradual diminution of torminа and tenesmus.— But on the contrary, when there is a want of appetite, small and repeated stools, severe cramp, pains,

great tenesmus, oppressive respiration, great debility, offensive evacuations with undigested food mixed with them, tension of the abdomen, cold extremities, involuntary discharges, cold clammy sweats, high fever, the pulse weak and irregular, tympanites, effusion of blood and other fluids in different parts of the body, hiccups and delirium, the case may be considered as extremely dangerous frequently terminating fatally in the space of a few hours or days.— A sudden cessation of pain when the disease is of some [illegible] or unfavorable omen, as it indicates that mortification or exfoliation has taken place.— The above symptoms, however, do not always terminate fatally, Professor Gaines says he has known cases in which a great portion of the intestine had sloughed off and discharged by stool, and yet the patient recovered.—

Phenomena. Examinations after death of persons who have died of this disease, show various appearances.

The mucous coat of the colon and rectum is found to be in a high state of inflammation, sometimes it is entirely distroyed, presenting an offensive fluid of a pale greenish white colour, coagulable which is now and then thrown off, and the rectum is found to be in a state of great contraction, the other coats of the intestines are in all found to be much thicker, frequent ulcerated and gangrenous, and sometimes instead excrescences are seen, filled with fatid matter resembling the matter evacuated during life. The omentum and mesenteries are [illegible] distroyed, presenting a black coloured mass of various sizes, and consistances.

The lower intestines, in general, the [illegible] same as, but the inflammation is not so violent as the same, as the small intestines, stomach, peritoneum, liver, spleen, and indeed [illegible] all the abdominal viscera, are sometimes in a high state of inflammation, and frequently forming extensive ulcerations

to one another.— Dr Clayhorn says, that in the examinations he made upon the dead, he constantly found the large intestines either inflamed, and mortified, or entirely mortified, the rectum being the part most generally affected, he frequently discovered the cavity of the colon studded in many places by scirrous tubercles, small abscesses in the cellular membrane; the peritoneum in the vicinity of the rectum and colon, generally he found the gall bladder filled with bile of a darkish colour, and the spleen more or less in a putrid condition.—

Professor Chapman says, it is evident, the mucous tissue of the primaria, and more particular of the large intestines that is inflamed, when this is the case, he says, we have mucus stools with little or no pain, but the moment it spreads beyond the mucous tissue we have tormina, tenesmus &c. and when it attacks the peritoneum we have lancinating pains, and great distress.—

Treatment. The management of dysentery by different practitioners has been very various, this arises no doubt from their different pathological views concerning the causes, nature, and seat of the disease. By one it is considered as highly inflammatory and calls loudly for the use of the lancet. By another, that a spasmodic contraction of the colon occasioning a retention of the fecal and other matter, is the cause of it, and consequently relies on purging. A third thinks that it arises from increased perspiration, and recommends sudorifics as most effectual. While a fourth contends the practice and tells us that the liver is the seat of the disease, therefore mercury must be employed, and unless a salivation is induced, the patient will undoubtedly die. Now all these opinions, [illegible] [illegible] [illegible] [illegible] and that is no wonder that in certain stages of the disease and when injudiciously employed the lancet proved serviceable, at the day let this combination be considered.

cured, in any one of these cases requiring it, is yet,
or than would other be accomplished.—
I shall now give a concise view of the treatment adopted
by some of the most able writers on this subject, and
compare it with the modern practice, as pursued in this
country.—
Dr. Lind, an experienced practitioner of Westindies
says that when a person in health is suddenly attack-
ed with a violent dysentery, bleeding should be
employed with great caution, he invariably commence-
ed the treatment in such cases with an emetic of
Ipecacuanha, and after its operation he administered
a opiate, a purge of Epsom salts he says is to be given to
cleanse the intestines, and after its operation small doses
of Ipecacuanha, combined with opium and rhubarb.
when after the purging is moderated, the pain in the
bowels overcome, and the fever gone, he says the cold
bath may be used antagionsly and bleed to complete
the cure. Sometimes when there was much fever at the

commencement of the disease he gave the following mixture which he says, generally proved very useful viz, two ounces of manna, with two grains of Tartar Emetic dissolved in a pint of common emulsion to which was added half an ounce of the sirup of white poppies, of this mixture he gave, an ounce every hour, until the intestines, were sufficiently emptied, after which an opiate was administered, and the cure completed by the combination of bark and opium. These were the means used by him in the disease itself, confined to the large intestines unattended with any gastric irritation, or when it was not dependent on any other disease, but when it commenced with sickness of stomach, severe vomiting or with cholera morbus, he first evacuated the stomach, by giving gentle stimulating drinks, such as a weak decoction of chamomile flowers or by giving large quantities of warm water to which was added a few drops of the volatile spirits of hartshorn to remove the spasms which frequently distress

the patient at this time he also says the intestines must be perfectly evacuated, by giving the decoction of chamomile flowers in clysters, after thus evacuating the bowels he gave an opiate, and if the stomach rejected it, he gave anodyne enemata, These means failing he says he has found great benefit arise from wine, and spices, or from opium and camphor applied over the regions of the stomach; The oil of cinnamon or mint, musk, and sometimes, elixir vitriol, and sweet spirits of nitre, he says are the best internal remedies, to calm the stomach after the bowels are cleansed. If after the employment of the above remedies, the vomiting still continues very violent, he places his whole reliance on stuffing the stomach with the opiates and camphor, and injections of laudanum, he repeated the injections every six hours, and increased the quantity of laudanum, untill he overcame, the vomiting, and pain, or the head of the patient became affected. In some cases he says, he gave

as much as half an ounce at a time, before he was able to accomplish his purpose, but previous to giving opium in a large quantity, he very relieved the patient by cathartics and applied blisters to the legs; or if a violent and fixed pain in the stomach, or in any part of the abdomen, had continued from the beginning of the disease, and was not removed by bleeding and warm fomentations, or blisters to the seat of the pain; these means, either alone or combined, he says seldom failed to cure the disease.—

The practitioner relying in the treatment of this disease, if not somewhat here and there will very soon convinced, his conscience is before mentioned that the disease was [illegible] and [illegible] or the [illegible], by sudden suppression of perspiration, his leading indication is therefore its restoration. This he says may be accomplished, [illegible] and continue [illegible] opiates; preceding the use of them

however, he employs the lancet, succeeded by an emetic and mild cathartic. —

Bleeding is, with the doctor, [illegible] to be [illegible] repeating it as symptoms authorise. There are but few instances where it may not be safely done in the beginning of the disease; the necessity is obvious, where the patient is bellowing with most severe pain & severe pains. After bleeding he gives an emetic of ipecacuanha, which cleanses the stomach of its impurities. But our great expectation from vomiting is, that its action on the muscular fibres of the stomach, forces even the extreme arterial capillaries, forwards the circulation to the surface of the body, and induces a sweat. After the [illegible] opiate. After the emetic, and opiate, the bowels should be emptied, but this is to be done with caution, if the patient be weak, and in such a manner as not to increase the flow of blood from the surface to that parts, for in that case, he sees the

advantage gained by the emetic would be lost, and our principal design frustrated.— The purgative to be used should be such as will fulfill the double indication of purging and acting on the skin at the same time, The antimonials in this case [illegible] James's powder or the common [illegible] antimony, the ipecacuanha being used and when the remission begins it must be supported by sudorifics, that the disease may be thrown off by sweat. This he says will be accomplished by administering cordials and diaphoretics, as the case may require.— The combination of laudanum and antimonial wine he thinks highly of, and says it is a pleasant and certain diaphoretic, When antimonials, or other emetic medicines are given to excite diaphoresis, laudanum or opium should be added, as the opium diminishes their irritation and allows them to be given in much larger doses.— After the diaphoresis has begun, he directs the patient to be warmly covered, and the cold air excluded from coming in contact with him. Warm drinks as barley

nutritious, such as milk, or nourishing food should be
given, taken, not oftener than every little, and a thin
flour pap with the addition of a spoonful or two of good
port wine, may be allowed to one with the exception
besides the aromatic tincture, he says combined
with precaution will prove to be in every respect useful
before sweating can be induced. Sometimes the flux
continues in some patients, even more denuded or re-
laxation of the vessels, without there being much
griping or any febrile symptoms present in such
a case, I never hesitate, as then, to give bark with snake
root and wine, however he directs that the bark should
always be given in the form of an infusion, as
in all cases of infantile cholera it increases the griping.
He says it sometimes happens that the tetanus
is kept up by the remaining acrimony after all the
other symptoms are subdued, this he says may be
removed by rhubarb and magnesia, or any other mild cathartic.
During convolescence, patients who have been much reduced

by the severity of the attack, or those who are subject to relapses, or from weakness of the bowels some returns of diarrhœa which [illegible] the least exposure to cold, will be sufficient to cause great [illegible] from a flannel shirt, or jacket worn next the skin, both as a preventive and cure.—

I have now given the practice pursued by the Doctor in the early part of his residence in the West Indies. It only remains for me to say a few words on the [illegible] adopted by him in the latter part of his practice there, and subsequently in London. At this time he never gave the Ipecacuanha in vomit nor 4 grains of tartar emetic as a purge, but before their administration it was his practice to bid in mild laxative medicine, this he says most generally insured that operation on which the cure depended, and sometimes the disease was completely cured by the sweating induced by a single dose, without either vomiting or purging being excited. He says that now, speaking of his practice in London, it is called

to a patient labouring under dysentery, a dime's worth
or thirty grains of Ipecacuanha, or ten grains of James's
powder, or from one to twenty grains of Dover's pow-
der, (according to the age or constitution of the patient)
to be immediately given, and ordered the operation of sweat-
ing rather than vomiting to be pursued, but should vomiting
take place it must be promoted by drinking, particularly
when the matter brought up indicates foulness of the
stomach, and as vomiting generally produces sweating when
the patient is kept warm in bed it will prove a cicatri-
zing grains of the sulphate of morphia, as the pain
the patient is confined to his bed than the exertion of walking
about. Sometimes while the patient is confined to his bed
there is no abscence of fever or dysentery, yet from the mud
dy appearance of the urine and other indications will
return, as soon as he leaves his bed, or gets into the air,
in such cases he recommends a tablespoonful of the citric
or citrate to be given every eight hours, with a reward
of a little cinnamon, or the tincture of

he says the disease can almost always be easily re-moved. —

I shall now give the treatment of dysentery which is generally pursued by the most able practitioners of the present day, in this country. considering it a disease of the [illegible] more particularly the lower intestines, we are called upon to overcome the inflammatory and spasmodic action of the colon, and this is to be accomplished by the free use of the lancet, [illegible] and cathartics. —

When the patient is vigorous or of a plethoric habit and the inflammatory symptoms run high bloodletting is absolutely necessary, in such cases we must not content ourselves with a few ounces for it would be of little or no utility, but we are to abstract largely twenty or thirty ounces in such cases may be taken at the first bleeding and if the pa[illegible]ent is not relieved by this, we must repeat the operation [illegible] Tuesday. In some cases however we must [illegible] we

draw blood as the disease is very apt to run into a low fever, and sometimes assumes the typhoid type. —

Emetics have been highly extolled by some practitioners in the cure of this disease. Our venerable professor Dove says that Van Swieten recommends the use of emetics and directed that a dram of Ipecacuanha should be given every morning for three mornings in succession and after that one every other morning for three days more, giving opiates in the evening after each vomiting. Ipecac. or emetic tart. may be used, the latter however is most generally employed. Our distinguished professor of the practice of physic, does not generally approve of emetics in this disease, except when the stomach is loaded with foul matter attended with nausea or vomiting, and then he thinks if judiciously employed they may prove very beneficial. When used he recommends Ipecacuanha. —

The use of purgatives is sanctioned by almost every practitioner, but there is some contrariety of opinion

restored [illegible] most proper to be employed on this occasion.—
[illegible] it is not [illegible] probable it should be given
in large doses [illegible] cases may be given in [illegible] fair
cases with advantage.—
The neutral salts are also used to evacuate the primæ
viæ, sometimes tartar emetic is combined with them,
one or two grains of tartarized antimony added to an
ounce of Glauber's or Epsom salts, often prove very ser-
-viceable in procuring free and copious discharges.—
[illegible] so [illegible] and well [illegible]
Sydenham's maxim is of opinion that the cathartic, purg-
atives are the most proper he says he has long been in
the practice of prescribing calomel and rhubarb
and when it was given in its original or large dose or
as Epsom salts [illegible] its action &c.—
[illegible] of late years gained much [illegible] in
description as a medicine.— [illegible] evacuated the
[illegible] it should be kept open by giving mild
cathartics as cassia or Epsom salts &c. but we respect

any hepatic derangement calomel must be resorted to again
[illegible] there is great difficulty in procuring a stool,
when this is the case, soap and enema of tartar or a decoction of senna with the addition of Glauber's salts, have been found a serviceable, when these have failed, large and repeated doses of calomel combined with opium have sometimes succeeded in procuring copious discharges. To aid the tardy operation enemata are often employed with great advantage.—

Men formerly prevailed a great diversity of opinion concerning the extent of using purgatives in this disease, but now seems to be a matter settled, and were such by common consent, that they are to be continued till the evacuations assume a natural appearance. They may be used daily changes being made from one to another according to circumstances, and when the fæces assume the above appearance.—

Opium is a very valuable article in dysentery, some physicians are in the habit of using it at the commencement of

of this complaint, but in general it should not be resorted to until the proper depletory means as bleeding, purging &c have been practised, and then if used with discretion it is one of the best remedies we possess. It is generally considered to be more beneficial when given in combination with Ipecacuanha and calomel, or with Ipecacuanha alone — The usual practice is to purge the patient during the day, and give opiates at night, and when the stomach is very irritable, opium should be combined with the purgative. It is at this stage of dysentery Dr Chapman says he has found the saccharum saturni very useful. In the years of 1825 and 4, he says he used the tract with great advantage after other medications had been promised. In some cases he says he combined the tract with Ipecacuanha. he says he also found the combination of Ipecacuanha, opium and lead very useful, it allays spasm, calms the irritation of stomach and relaxes the surface. —

When there is severe tormina accompanied with great irritation or disorder of the stomach the oleaginous mixture may be given with good effect. Castor oil is said to

nishing mucous secretion. — A strong mixture of soda dissolved in lemon juice or vinegar has been given; it is stated with very salutary effect. Dr Corrie says in the early stage of the disease he derived great benefit from its use, but in the latter stages he thinks there is no advantage to be derived from its employment.

Opium applied to the rectum, as one two or three grains of it made into a suppository and put up the rectum has been found useful in relieving irritation and tenesmus. — Enemata of fresh butter, or lard melted, and thrown up the rectum, have proved useful, particularly in cases of irritable or excoriated funding. — Anodyne injections, consisting of opium dissolved in mucilage of gum-arabic or flaxseed tea, sometimes prove more efficacious than opiates given in any other way. —

Concerning the employment of diaphoretics in dysentery there is a great diversity of opinion; by some practitioners they are regarded as almost a specific remedy; though others are not wanting who as loudly condemn

them. This difference of sentiment I conceive to have arisen from their injudicious employment, given in the early stage of the disease before the alimentary canal has been cleansed, and vascular action somewhat subdued. They are on occasions of much utility but on the contrary they often prove injurious.—

After having sufficiently cleansed the stomach and bowels and removed the bilious matter, cathartics may not often be given in such but with superior efficacy, in fact I think they should be elevated above our topmost rudiments.

The combinations of Ipecacuanha are very useful in almost every stage of the disease, particularly when there is much pain and the desire to stool frequent and ineffectual.—

Professor Chapman speaks very favourable of it and observes the efficacy of the medicine in this disease does not rest on my own authority, it has been employed because, on the last half century by the most celebrated practitioners in every quarter of the world, with the most unequivocal

ed commendations. The usual mode of administering it is with opium a grain of ipecac with half a grain of opium every two, three or four hours; the addition of a grain or two of calomel sometimes increases its beneficial qualities. — The combination of laudanum, antimonial wine, and sweet spirits of nitre, is a neat and useful diaphoretic. The combination of ipecacuanha well known by the appellation of Dovers powder is surpassed by no article in the catalogue of diaphoretics, either as regards certainty or utility, it both serves as an opiate in allaying intestinal irritation, and as a diaphoretic in promoting perspiration. — The antimonial preparations have been highly praised by Pringle and others, and there is no doubt of their efficacy in some cases of the complaint, yet notwithstanding the praise in their favour, I cannot but think that in general ipecacuanha is a much better medicine. — Tartar emetic applied to the surface is very useful in promoting diaphoresis such as rash, or eruptions, the same with the exception of the —

Professor Chapman speaks very favourable of the application of a flannel roller [illegible] abdomen, commencing at the hips and extending it up to the navel, at the same time drawing it as high as the patient can conveniently bear — he says the roller answers a double purpose, viz. supporting the parts and promoting diaphoresis. — Fomentations, anodyne liniments, and other local applications are sometimes used with great advantage — when the abdomen is tense and painful, cups, or leeches may be applied to it with good effect. — There is a remedy which I have not yet mentioned, far superior in efficacy to the above viz. blisters, they are usual when either applied to the extremities or abdomen, but the latter place when it can be accomplished should be preferred. Dr Chapman advises us to cover the whole abdomen as large blisters excite but little more pain than small ones, and are much more beneficial. Much has been said and written on the use of mercury in the cure of disease. In the West Indies, and other warm

climates it is a common practice to excite a salivation as speedy as possible while in this country it is seldom resorted to. I believe it is most generally thought that Leighton was the first who used mercury in this complaint. Professor Cox says it is no new practice as the mercurius dulcis was used as a bath as far back as the time of Boyle who recommended it very highly in his day & night.—

Dr James Johnson a very able writer on this disease is a great advocate for salivation. he says there are two modes of accomplishing this purpose and both very effectual in curing the complaint.— In doubtful cases, or those wherein he wished to induce a speedy salivation he gave calomel in small doses repeated two three or even four times a day without the use of any other medicine — He says, that it almost always eased the tormina, diminished the propensity to stool, brought on a ptyalism sooner and sit easier on the stomach than either larger or smaller doses, or a course pursuing administering the medicine. a curious, says he, but a certain fact.—

Another method, and the one which Dr. Jeffers, is to give calomel in small doses, either alone or combined with an opiate, or with an opiate and diaphoretic, from twenty four to fourty eight grains of calomel, two to four of opium, and from ten to fifteen grains of antimonial powder, or Ipecacuanha, may be given in divided doses at intervals of three, four or six hours, according to the violence of the case, during the course of the day and night; after one, or doses of the vacuant &c he recommends a dose of castor oil to be given, which may be repeated daily taking care not to interfear with the main object in view.— When the evacuations presented an abnormal quantity of blood, he resorted to venesection without the least fear of that bugbear—debility.— Cups or any gross tags may occasionally be used to allay tenesmus &c. Flannel should be worn next the skin, and a bandage of the same, with two or three additional folds round it, worn twice a day with a liniment composed of mercurial ointment and laudanum, applied to the abdomen.—

"By a steady perseverance in this simple plan for a few days, he says the mouth will become sore and every bad symptom vanish."—

In our practice mercury is seldom resorted to with a view of salivating, though in some few instances I have known it to produce the happiest effect.—

Sometimes from the obstinacy of the attack or from venesection and the other means employed to subdue the complaint, the patient becomes very much debilitated in such cases we must endeavour to give tone to the system by the use of tonics, stimulants &c. The most useful of which Professor Chapman says are the combinations of calomel and sulphate of ammonia with bitters &c.—

External stimulants are also useful and in fact the whole calls of a surgeon is used in other cases of debility are more or less employed— Of late practitioners have got very much into the practice of using the fumes of turpentine. Professor Chapman thinks it is a very valuable medicine. It may be used either alone or in combination with

opium, or with carbonate of ammonia and laudanum.—

Diet— In this as in all other inflammatory diseases great attention should be paid to the diet, it must be obvious to every one acquainted with diseases, that mild articles and those of the least stimulating kind are the most proper; every sort of indigestable food, or which readily tends to putrefaction, ought never to be employed in any stage of the disease; fomented and spiritous liquors are also to be guarded againtz.—

The preparations of barley, rice, sago, flour, tapioca, arrow root, chicken water, toast water &c are the most proper articles of food.— The drink throughout the whole course of the disorder should be in general diluting, mucilaginous, and mild, as barley water, rice water, gum arabic water, flaxseed-tea, marsh-mallow-tea and the slippery elm tea, the two latter of which is in great celebrity. During convolescence the diet should be light at first and but little taken at a time, gradually increasing it both in quality and quantity, when the patient is so

far recovered as to allow animal food, salted meat is generally preferable to fresh. Wine also in moderate quantities may now be given with advantage.—
Great attention is necessary to be paid to the article of clothing, both during and after the disease, flannel should be worn next to the skin in general, with one or two additional pieces of it over the abdomen, the feet should be kept warm and dry, and all exposure to cold wet, damp, or night air carefully avoided.—

I cannot conclude this Essay without soliciting a liberal indulgence for its many imperfections.— and I should do injustice to my feelings, were I not to return my sincere thanks, to the Illustrious Medical Professors, of the University of Pennsylvania, for their kindness towards me, as gentlemen, and for the useful information derived from their Lectures, which will ever be cherished, as my most valuable acquisition.—

Wm. Smith, Trenton—